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2017-12-01 16:06.14 CST

12122023573 From: Kimberly Laughrey

12/1/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170003155573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949

Phone Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema	11	Address:	
CIIIA		MUUI E33.	

FOREIGN PROFIT/NONPROFIT CORPORATION iPayLinks US, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

3.

COVER LETTER

	stration Section sion of Corporations				
SUBJECT	iPayLinks US. Inc.				
000,201		of corporation	- must include suffix		
Dear Sir or !	Madam:				
"Certificate	d "Application by Foreign C of Existence," or "Certifica need foreign corporation to	te of Good Star	iding" and check are sub	ct Business in Florida," mitted to register the	
Please return	n all correspondence concer	ning this matte	r to the following:		
Xiangdong S	hi				
		Name of	Person		
iPayLinks U	ś. Inc.	<u> </u>			
		Firm/Con	npany		
100 Connell	Drive, Suite 2300				
		Addr	ess		
Borkeley Hei	ghts, NJ 07922				
		City/State a	and Zip code		
scan.shi@ipt		son the burnead	for future annual report i	volification)	
	rman addre	ss. (to be used	for faithe annual reports	with Cathony	
For further i	nformation concerning this	matter, please	call:		
Xiangdong S	Xiangdong Shi 908		ode Daytine Telephone Number		
Na	me of Person	Area Coc	le Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		:SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is	a check for the following a	nount:			
☐ \$70.00 I		ing Fee & - i e of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINES, IN THE STATE OF FLORIDA.

iPayLinks US, h			······································	
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting t	ousiness in Florida)	
Delaware	3			
(State or country	3 y under the law of which it is incorporated)	(FEI number, if appli	cable)	
09/29/2017	5			
· · · · · · · · · · · · · · · · · · ·	of incorporation)	(Date of duration, if other tha	(Date of duration, if other than perpetual)	
6. 12/01/2017				
···	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7 100 Connell Driv	e. Suite 2300, Berkeley Heights, NJ 07922		. <u>司公 寸</u>	
/·	(Princ	ipal office address)	日日日	
	(Current mai	ling address, if different)	E C	
8. Name and stres	et address of Florida registered agent: (P	O. Box NOT acceptable)		
Name:	C T Corporation System		9 27 810A	
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324 (Zip code)		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept sent application, I hereby accept the appoint omply with the provisions of all statute: familiar with and accept the obligations CT Corporation	atment as registered agent and agrees relative to the proper and complete of my position as registered agent. System Danny Verdecchia Assistant Secretary	e to act in this capacity.	
	(Registere	d agent's signature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Guogang Zhen Chairman: NeiWaiLian Building, 18th Floor, 518 Shangeheng Road Address: Pudong District, Shanghai China Vice Chairman; Address: ___ Mingming Sheng Director: NeiWaiLian Building, 18th Floor 518 Shangeheng Road Address: Pudong District, Shanghai China Xiangdong Shi Director: 100 Connell Drive, Suite 2300 Address: Berkeley Heights, NJ 07922 B. OFFICERS President: __Xiangdong Shi 100 Connell Drive, Suite 2300 Address: Berkeley Heights, NJ 07922 Vice President: Address: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Xiangdong Shi

⁽Typed or printed name and capacity of person signing application)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IPAYLINKS US, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE; OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

41

1.

6561488 8300

SR# 20177197048

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203613739

Date: 11-21-17